The Editor BMJ
BMA House, Tavistock Square
London WC1H 9JR
editor@bmj.com
T +44 (0)20 7387 4499
F +44 (0)20 7383 6418

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This week in the BMJ

Antibiotic combinations have no advantage in febrile neutropenia

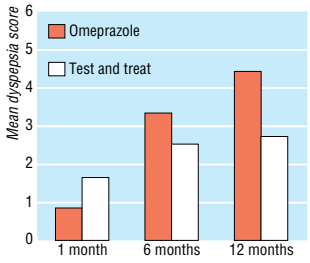
Combinations of β lactam with an aminoglycoside have no advantage over treatment with β lactam monotherapy for patients with fever and neutropenia. Paul and colleagues (p 1111) carried out a systematic review and meta-analysis of 47 studies, amounting to 7807 patients. Overall survival was no better with combination therapy than with monotherapy, and adverse effects were more common. Furthermore, broad spectrum monotherapy was a more successful treatment. The authors conclude that broad spectrum monotherapy offers an overall benefit.

Patients with stable asthma may be able to take less inhaled corticosteroid

OSCAR BURRIEL/SPL

Stepping down the dose of inhaled corticosteroids in patients with chronic stable asthma can reduce the amount taken without compromising asthma control. Hawkins and colleagues (p 1115) conducted a one year, randomised, controlled, double blind trial among 259 primary care patients with asthma in western and central Scotland. The participants were randomised to treatment with inhaled corticosteroids which either remained unchanged or were reduced by 50% by stepping down the dose. The groups had similar rates of asthma exacerbation and similar numbers of visits to general practice or hospital, as well as similar disease specific and generic measures of health status.

Test and treat is the best empirical strategy for treating dyspepsia



A "test for *Helicobacter pylori* and treat" strategy is more effective than treatment with a proton pump inhibitor for managing dyspepsia in young patients. In a randomised controlled trial in patients aged under 45 with uninvestigated symptoms of dyspepsia, Manes and colleagues (p 1118) compared empirical treatment with omeprazole with test and treat (urea breath test for *H pylori* followed by eradication treatment if necessary or by omeprazole alone). With the test and treat strategy, symptoms resolved in many patients and the need for endoscopy was reduced, whereas symptoms usually recurred after a trial of omeprazole. The authors conclude that test and treat should be the preferred option if empirical treatment of dyspepsia is to be performed.

Iron supplements benefit non-anaemic women with fatigue

BSIP ZARAND/SPL

Women with fatigue who are not anaemic may benefit from iron supplementation. Verdon and colleagues (p 1124) conducted a double blind, randomised, placebo controlled trial in nine primary care sites and among 144 women in western Switzerland. Fatigue after one month decreased by 30% in women taking iron, and by 13% in the placebo group. Subgroup analysis showed that the effect may be restricted to women with low or borderline serum ferritin concentrations.

Verbal autopsies give higher suicide rates in rural India

Verbal autopsies—assessments of the cause of death without physical examination—find suicide rates are double or triple those found using other methods. Joseph and colleagues (p 1121) used data from verbal autopsies taken during 1994-9 in a community health programme in rural southern India. Older men were more likely to commit suicide than younger men, and most women who committed suicide were aged 15-24 or over 65. Verbal autopsies can give a good idea of suicide

rates, which are notoriously difficult to calculate accurately in developing countries because of census problems and because families are often reluctant to reveal the cause of death in cases of suicide.

Diabetic patients' records are missing the C10 Read code

General practices need to use a wide range of codes to identify people with diabetes, as not all diabetic patients have the C10 Read code recorded in their computerised medical records. Gray and colleagues (p 1130) found that in one primary care group in south London only 63% of patients known to have diabetes were identified through the C10 Read code for diabetes.

SATURN STILLS/SPL

The rest were identified through prescription records and other diabetes related codes. The authors say that the use of Read codes for diabetes needs to be standardised and coding levels improved if valid diabetes registers are to be constructed and the quality of care monitored effectively.

POEM*

Topical NSAIDs offer poor pain relief for corneal abrasions

Question Are topical non-steroidal anti-inflammatory drugs helpful with pain associated with corneal abrasion?

Synopsis This systematic review summarises five blinded (or should we say, in ophthalmology studies, "masked"?) randomised studies comparing the value of ophthalmic non-steroidal anti-inflammatory drugs (NSAIDs) in the treatment of pain associated with corneal abrasions. The review searched standard English language databases available through OVID but did not search European databases. The studies were loosely evaluated for quality, but the researchers did not report this evaluation for all the studies. The studies all showed the NSAIDs decreased pain to a small degree that may not be clinically relevant in all patients (on average, a less than 1.5 cm difference on a 10 cm pain scale). However, one study found that treated patients returned to work significantly faster. Here's an interesting aside: one study allowed eye patching if pain was unbearable, even though studies of unilateral patching have shown slightly worsened pain when the affected eye is patched.

Bottom line Topical NSAIDS may offer a small pain benefit in patients with a corneal abrasion. But if I ever scratch my cornea, I'm going right for the cycloplegics and narcotics.

Level of evidence 1a (see www.infopoems.com/resources/levels.html): systematic reviews (with homogeneity) of randomised controlled trials.

Weaver CS, Terrell KM. Update: do ophthalmic nonsteroidal anti-inflammatory drugs reduce the pain associated with simple corneal abrasion without delaying healing? *Ann Emerg Med* 2003;41:134-40.

* Patient-Oriented Evidence that Matters. See editorial (*BMJ* 2002;325:983)

Editor's choice

After the cameras are gone

Most of the work of doctors—and particularly public health doctors—is unglamorous. They tend to appear in the world's hot spots once the soldiers have blasted their way through and the cameras are gone.

We experienced round the clock media coverage of the Iraq war, but now it's become boring and we see and hear little. Yet the health problems in Iraq are severe, says the report from Owen Dyer (p 1107). "The three most urgent problems for health in Iraq today are security, security, and security," says Ghulam Popal, the World Health Organization's representative in Baghdad. Hospitals are being offered "protection" by armed gangs. Medical staff travel to work in dilapidated cars to avoid drawing attention to themselves. Last week one of Iraq's very few neurosurgeons was murdered.

Iraq has immediate problems, but it also has a long haul to improve the health of its people. Samer Jabbour, an assistant professor in Beirut, describes how—considering the resources available—health is much poorer than it should be right across the Arab world (p 1141). This is largely for sociopolitical reasons. War, sanctions, and occupation in Iraq, Sudan, and Palestine have led to health regressing rather than progressing. But other problems are high illiteracy, especially among women; lack of job opportunities; slow economic growth because of low productivity and lack of innovation and competitiveness; high military spending; and rapid population growth. Jabbour advocates increasing public involvement in health, increasing inter-Arab cooperation, and developing a public health programme that would shift resources from curative medicine.

Kevin Weaver tells the extraordinary story of trying to find, identify, and bury the remains of some 40 000 people missing in the former Yugoslavia, another part of the world that suffered several months in the world's spotlight (p 1110). John Hunter, a professor of ancient history and archeology, leads a team that uses radar to identify mass graves—in mines, petrol stations, hotels, and car parks. Then comes the job of identifying body remains, which is done largely by analysing DNA because of the lack of medical and dental records and because body parts are mixed up. To allay people's fears the team has developed a unique bar coding system. In April the first mass burial of 600 people killed in the Srebrenica massacre took place in a huge ceremony.

Britain doesn't have anything so dreadful, but Sally Hargreaves tells a chilling story of how asylum seekers—a group who feature prominently in often xenophobic media coverage—are being severely treated in East Kent (p 1108). A new law means that those who apply for asylum after arriving in Britain are now denied benefits and accommodation. Peter Le Feuvre, a GP in Dover, describes how one of his patients who has been tortured in Angola faces sleeping on a park bench. He also tells how he has to decide whether a Somali woman is "mentally fit" to be denied access to emergency accommodation, food, and basic funds. The BMA is rightly very concerned.

Richard Smith *editor*

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